

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 1, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. The office visits, x-rays, range of motion measurements, therapeutic exercises, muscle testing, x-ray of hand, and special reports rendered on 10/14/03 through 12/31/03 were found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 7, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	Rationale
10/20/03	99080-73	\$15.00	\$0.00	L, O, V	The carrier denied CPT Code 99080-73 with a V for unnecessary medical treatment based on a peer review, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. According to the TXCOMP system Dr. C, is on the approved doctor's list, level 2 from 9/1/03 through 1/18/08. The requestor submitted relevant information to support delivery of service. Recommend reimbursement in the amount of \$15.00
12/31/03	99080	\$12.50	\$0.00	V, O	The requestor did not submit relevant information to support delivery of service. Reimbursement is not recommended.
TOTAL		\$27.50	\$0.00		

## ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 10/14/03 through 12/31/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 27<sup>th</sup> day of October 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** April 23, 2004

**MDR Tracking #:** M5-04-1936-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

This case involves a claimant who was injured while on-the-job on \_\_\_. Allegedly, the claimant had the tip of her left thumb crushed by a machine press that she was operating. This injury resulted in an open fracture of her distal left thumb. The claimant first went to \_\_\_ for medical attention. The open fracture was surgically corrected and the claimant was managed with pain medications and antibiotics thereafter. The claimant attempted to return to work several days later, but was unable to perform her job as a machine press operator due to pain in her left thumb and hand. The claimant began physical therapy at \_\_\_ on 10/14/03 and remained off work through at least 01/08/04.

### **Requested Service(s)**

The medical necessity of a level III new patient office visits (99203), x-ray-hand /minimum 3 views (73130WP), level II office visits (99212), range of motion measurements (95851),

therapeutic exercises (97110), muscle testing (95831), x-ray -hand / 2 views (73120WP), and special reports (99080) rendered or supplied to the claimant from 10/14/03 through 12/31/03.

### **Decision**

Based on the information contained within the submitted documentation, the level III new patient office visit on 10/14/03, the level II office visits on dates 11/10/03, 11/26/03, 12/18/03, 12/19/03, 12/22/03, 12/23/03, 12/24/03, and 12/31/03, and the 4 units of therapeutic exercises performed on each date of service between 12/17/03 and 12/31/03 were not medically necessary.

A level II new patient office visit on 10/14/03 would have been medically reasonable and necessary. Level II established patient office visits on 11/18/03, 12/04/03, 12/17/03, and 12/30/03 and the level I office visit on 12/09/03 were medically necessary. Two units of therapeutic exercises performed on each date of service between 12/17/03 and 12/31/03 were medically necessary. X-ray studies performed on 10/14/03 and 12/30/03 were medically necessary. Range of motion tests and muscle strength tests performed on 12/17/03, 12/18/03, and 12/31/03 were medically necessary. Special reports prepared on 10/20/03 and 12/31/03 were medically necessary.

### **Rationale/Basis for Decision**

Level III New Patient Office Visit (99203) - There is no evidence in the submitted documentation for date of service 10/14/03 indicating that this level of evaluation/management occurred. The documentation suggests that a level II new patient office visit occurred.

Level II Office Visits (99212) - Current and accepted standards do not support the use of this level of evaluation and management more than once in a two week period in a given treatment plan. The documentation does not provide justification for this level of service being performed more frequently than is currently accepted as the standard of care.

X-ray Studies - The x-ray studies performed on 10/14/03 and 12/30/03 are within current and accepted diagnostic standards for the compensable injury at hand.

Range of Motion Measurements - The use and frequency of this diagnostic procedure was within current and accepted standards of care for the compensable injury at hand.

Therapeutic Exercises - Given that the compensable injury involved only the distal part of the first digit, 4 units of therapeutic exercise was beyond medical necessity. Two units of appropriate therapeutic exercise would have provided more than adequate rehabilitation for the claimant's first digit.

Muscle Testing - The use and frequency of this diagnostic procedure was within current and accepted standards of care for the compensable injury at hand.

Special Reports - The use and frequency of this type of documentation was within current and accepted guidelines of the Texas Worker's Compensation Commission.